



REQUEST FOR ABSTRACT OF DRIVING RECORD OF SCHOOL BUS DRIVER

A driving abstract must be obtained through the Department of Licensing. The Department will not provide an abstract unless this form is signed by a representative of the school district.

FOR VALIDATION ONLY

106-060-421-0005

EMPLOYEE/ PROSPECTIVE EMPLOYEE

NAME OF CURRENT/PROSPECTIVE SCHOOL BUS DRIVER (<i>Last, First, Middle</i>)	
WASHINGTON DRIVER LICENSE NUMBER	DATE OF BIRTH (<i>Month, Day, Year</i>)
<p><i>I hereby authorize the State of Washington Department of Licensing to release my driving record, to include all Department actions to the employer/prospective employer named below. Departmental actions include suspensions, revocations, disqualifications, reinstatements and deferred prosecution. Alcohol related activity stays on record for a minimum of fifteen years. Vehicular Homicide/Assault stays on record for life.</i></p> <p><i>I further authorize said employer to forward a copy of my driving record to the Washington State Superintendent of Public Instruction or Educational Service District supervisor for purposes of issuance of a school bus driver's permit.</i></p> <p>X _____ DRIVER'S SIGNATURE DATE</p>	

SCHOOL DISTRICT

NAME OF SCHOOL DISTRICT/REQUESTOR		DATE OF REQUEST
MAILING ADDRESS OF SCHOOL DISTRICT/REQUESTOR		REQUESTOR CODE
CITY	STATE	ZIP
<p><i>I hereby certify that this school district is an employer or prospective employer of the named individual; and that the driving abstract of school bus driver shall be used exclusively to determine whether the named individual should be employed to operate a school bus, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. The information contained in the driving abstract obtained from the Department of Licensing shall be used in accordance with requirements and in no way violate the provisions of RCW 46.52.130 and RCW 28A.160.210.</i></p> <p><i>If a requestor code is indicated above, representative's signature authorizes the Department to bill the school district.</i></p> <p>X _____ REPRESENTATIVE OF THE SCHOOL DISTRICT'S SIGNATURE DATE</p>		

A fee of \$5.00 is required for each driving abstract. Fee can be billed by indicating a requestor code above or can be mailed in the form of a check or money order made payable to the Department of Licensing. Please allow two weeks from date of mailing to receive the abstract.

Mail your request to: **Department of Licensing, Driver Records, PO Box 9048, Olympia, WA 98507-9048**

For questions contact Customer Service at **(360) 902-3900**.

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*

TR-511-002 REQUEST ADR OF SCHOOL BUS DRIVER (R/9/02)OR/W